

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/049233

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		3		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9	1		1			
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		5		1		
15		0		1		
16		0		1		
17		0		1		
18				1		
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	20					
TOTAL CLAIMS	27					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
52								
53								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								